

35.C15476



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PATENT APPLICATION

Receipt

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: NYA
KAZUNORI MASAKI	)	
	:	Group Art Unit: 2622
Application No.: 09/885,055	)	
	:	
Filed: June 21, 2001	)	
	:	
For: PRINT CONTROLLING	)	
APPARATUS, PRINT	:	
CONTROLLING METHOD,	)	
COMPUTER PROGRAM AND	:	
RECORDING MEDIUM	)	August 20, 2001

Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant's attorneys have received an official Filing Receipt in the above-identified application in which the following data is incorrect.

"Applicant(s)

"Kazunori Masaki, Residence not Provided;"

The correct reading should be:

--Applicant(s)

"Kazunori Masaki, Kanagawa, Japan--

Issuance of a corrected Filing Receipt, corrected as shown above, is

accordingly respectfully requested.

#3

Applicant's undersigned attorney may be reached in  
our New York office by telephone at (212) 218-2100. All correspondence should continue to be  
directed to our below listed address.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 25,823

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/885,055	06/21/2001	2622	746	35.C15476	12	22	3

CONFIRMATION NO. 4347

## FILING RECEIPT



\*OC000000006413555\*

05514  
FITZPATRICK CELLA HARPER & SCINTO  
30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112

Date Mailed: 08/13/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Kazunori Masaki, Residence Not Provided;

## Domestic Priority data as claimed by applicant

## Foreign Applications

JAPAN 189351/2000 06/23/2000  
JAPAN 092676/2001 03/28/2001

If Required, Foreign Filing License Granted 08/10/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

## Title

Print controlling apparatus, print controlling method, computer program and recording medium

## Preliminary Class

358



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Bib Data Sheet

CONFIRMATION NO. 4347

<b>SERIAL NUMBER</b> 09/885,055	<b>FILING DATE</b> 06/21/2001 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> 35.C15476	
<b>APPLICANTS</b> Kazunori Masaki, Kanagawa, JAPAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 189351/2000 06/23/2000 JAPAN 092676/2001 03/28/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/10/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 05514					
<b>TITLE</b> Print controlling apparatus, print controlling method, computer program and recording medium					
<b>FILING FEE RECEIVED</b> 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		